

HOME AND COMMUNITY BASED MEDICAID WAIVER CERTIFICATION REPORT

MAGIC CITY ENTERPRISES, INC.

NOVEMBER 13-16, 2007

SITE REVIEW TEAM:

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I. REVIEW OF ORGANIZATIONAL PRACTICES

A. Provider's Summary and Highlighted Service Areas

MCE's Government Services Administration janitorial contract, at the Federal Office Building and J.C. O'Mahoney building in downtown Cheyenne, provides six Adult Waiver participants full or part-time employment in janitorial services. This is a NISH contract which was awarded to MCE. Participants are responsible for all custodial and maintenance upkeep of the two federal buildings. Participants receive instruction and training through a curriculum which includes cleaning techniques, chemicals, equipment operation, fire prevention and safety and materials (stainless steel, porcelain, marble, carpet, etc.). They also learn customer service skills through public interaction. The participants maintain a high standard and anyone who completes the curriculum is qualified to perform building maintenance and custodial operations for any private or public organization.

MCE owns and operates the ECO Center which houses the document destruction, recycling and State of Wyoming license plate production contract. Secured documentation destruction is a growing industry in the United States. Magic City Enterprises currently provides this service to over 30 businesses and private citizens in Cheyenne. NISH and MCE are currently exploring the possibility of providing secured document destruction to federal government agencies such as the IRS. MCE continues to contract with the City of Cheyenne to collect and process all recyclables from the Blue Bin Project. MCE also provides curbside recycling to F.E. Warren Air Force Base. Over 50 local businesses contract with MCE for pick up and processing of their recyclables. Magic City Enterprises took over the processing of the license plates for all State of Wyoming vehicles. State employees operate the machinery which produces the licenses for cars, trucks, motorcycles and trailers. Waiver participants provide quality control and package the plates as they come out of the equipment in preparation for shipment all over the state.

Between all three operations at the ECO Center, MCE employs 17 Adult Waiver participants. Waiver participants in both programs receive above minimum wage compensation, holidays and personal time off. Those on the federal contracts are paid based on federal prevailing wage rates and receive additional health and welfare benefits.

B. Results of review of policies and procedures

The policies and procedures reviewed met the standards. However, the restraint monitoring needs to include all components required in the Wyoming Medicaid Rules. This includes clear and separated ways for staff to document the required information. Any staff person expected to be involved in the monitoring and documentation of restraint usage must be instructed on these requirements and how to document them.

C. Staff Qualifications and Staff Training

1. All staff files reviewed had evidence they met the qualifications as required.
2. Two of eleven background checks could not be found during the review. Staff persons without evidence of a cleared background check may not be in a direct care role for any Waiver service. These staff must have evidence of a cleared background check or be removed from a direct care position.
3. Six of eleven staff files reviewed did not have evidence of current CPR. Six of nine staff files reviewed did not have evidence of current First Aid. Staff persons without evidence of meeting these requirements may not be in a direct care role for any Waiver

service. These staff must have evidence of meeting these requirements or be removed from a direct care position.

4. The general training required by the Division has not been completed and available to providers. MCE is providing many components of these required trainings but is documenting the trainings in the required format. The provider will need to update the format according to the rules, and content as available.

5. Participant specific training

All of the components required by the Division was present for all staff files reviewed. However, the provider needs to standardize forms and training for the entire agency.

Also, the provider must ensure that all “relief” staff and “runners” have participant specific training for all participants prior to delivering direct care. A larger concern was much of the staff interviewed were unable to articulate the rights restrictions for the participants they were working with. Thirteen of eighteen staff interviewed did not the rights restrictions for the participants they chose to discuss. Also, eight of nineteen staff failed to articulate the Division’s requirements for incident reporting. It is acceptable for staff to submit written notification to their supervisor who handles critical incident reporting, however, direct care staff are required to know their “duty to report”.

D. Emergency Drills and Inspections

Surveyors were concerned with the number of organizational components that were identified as needing improvement. The provider did not have a variety of all types of drills on all shifts, which are required for CARF providers. Also, the drills are a serious health and safety assurance practice that must be taken seriously by staff, participants, and the administration staff reviewing the completed forms. There were significant concerns identified by direct care staff that had no documentation of follow-up. One of the surveyors was told by a staff person, that reviews the completed drills, a concerning remark about the participants’ safety if they did not respond. The provider ensured the Division this would be addressed immediately. All drills must have documentation of follow-up completed, which many did not. The form itself also ought to be revised for timely and accurate documentation of follow-up needed and completed.

Many inspections also did not have documentation of follow-up completed. The form itself also ought to be revised for timely and accurate documentation of follow-up needed and completed.

E. Progress Made On DDD’s Recommendations From the Previous Survey

The only recommendation that was identified for continued compliance is that MCE must ensure the least restrictive environment is in place for all participants (e.g., food restrictions in homes).

F. Progress Made On CARF’s Recommendations From the Previous Survey

The provider needs to ensure that all CARF recommendations are continued to be improved upon as it relates to drills, inspections, vocational health and safety, and the medication management system.

G. Vehicles

The provider has a transportation system that appears to be working very well. No staff person voiced any concerns with their own or the participant’s safety. Staff reported

adequate training on operating a large passenger van or bus. There were a couple concerns identified by surveyors at the time of inspection. The Chevy van at the Ridge home did not have a First Aid kit, one wiper was missing, and the fire extinguisher was unsecured. The Chevy van at the Cleveland home had a copy of the vehicle's registration that was expired, a wheelchair and a walker were unsecured, one lift light was out, and the participant specific emergency information was missing or illegible. The Dodge Van at Lampman did not have insurance or registration in the vehicle. It also did not have current participant specific emergency information, as staff said that it was located in another vehicle.

H. Other

Providers observed in many different service settings that different forms, formats, and minutia procedures were being utilized depending on who their supervisor was. MCE is encouraged to try to increase standardization across the agency for consistency, self-monitoring, and quality assurance.

Suggestions:

- It is suggested that the internal incident reporting forms include ISC notification and a place for them to make comments or review.
- It is suggested that the provider have standardization for all programs, services, and staff, including the use of forms and documentation.
- It is suggested the provider update the Division requirements for other staff trainings as they become available.

It is recommended that MCE submit a Quality Improvement Plan by December 07, 2007 for the following areas of non-compliance that relate to health, safety, welfare or rights of participants:

- The provider must have documentation of all completed follow-up for identified concerns from drills (CARF 1.E.).
- The provider must have documentation of all completed follow-up for identified concerns from internal inspections (CARF 1.E.).
- The provider must ensure that all staff, participants, and those reviewing drills take them seriously as a crucial component for health and safety (CARF 1.E.).
- The provider needs to immediately implement quality assurance that all staff working with Waiver participants meet the requirements for the service definition in accordance with Wyoming Medicaid Rule Chapter 45 Section 26 (such as CPR and First Aid).

It is recommended that MCE submit a Quality Improvement Plan by December 17, 2007 for the following areas of non-compliance:

- The provider needs a quality assurance mechanism that all staff that are acting as "relief" and "runners" have competency on all the current participant specific information in accordance with Wyoming Medicaid Rule Chapter 45 Section 26.
- The provider needs to increase competencies for all direct care staff for participant's rights restrictions and the Division's incident reporting requirements in accordance with Wyoming Medicaid Rule Chapter 45 Section 26 and 30.
- The provider must have a variety of drills on all shifts (CARF 1.E.)

- The restraint monitoring with documentation needs to be updated, ensuring designated staff are meeting the requirements in accordance with Wyoming Medicaid Rule Chapter 45, Section 28.
- The provider needs to ensure that all CARF recommendations are continued to be improved upon as it relates to drills, inspections, vocational health and safety, and the medication management in accordance with Wyoming Medicaid Rule Chapter 45 Section 23 (ACQR – CARF manual p.26).
- All of the identified concerns with vehicles must be completed in accordance with Wyoming Medicaid Rule Chapter 45 and CARF 1.E.

II. RESULTS OF PARTICIPANT SPECIFIC REVIEWS

A. Results of review of random sample

□ Implementation of IPC

Participant #1 – There were no releases of information or internal incident reports in the file.

Participant #2 – One release reviewed was not current. Objectives reviewed were very general with no criteria to measure success or progress.

Participant # 3 – No concerns noted

Participant #4 – IPC rights section did not reflect the restriction of having no access to food items due to the food being locked and not accessible for the participant.

Participant # 5 – Objectives reviewed were not observable or measurable. Residential schedule did not reflect 24 hour service delivery. Also documentation reviewed did not meet the documentation standards of provider signature being on each separate page of documentation.

Participant #6 – No internal incidents were found in the file review, but some behavior issues were mentioned during day habilitation interviews with staff. The objective progress was not tracked, and objectives did not reflect objective measures or criteria.

Participant # 7 – No concerns noted.

Participant # 8 – No concerns noted.

□ Billing and Documentation

Surveyors reviewed six months of documentation of various services for each participant. No concerns were noted with the exception of Participant #4. Surveyors reviewed Residential Habilitation for this participant. Magic City billed for 31 days of residential habilitation, in July 2007 and there were only 25 days of this service documented. The documentation for July 2007 will be submitted to Medicaid for recovery.

□ Participant, Guardian or family follow-up

Participant #1 – Participant expressed satisfaction with provider. The guardian expressed satisfaction with services, understands and exercises choice with providers, and is pleased overall with the services provided by Magic City.

- Participant #2 – The participant expressed satisfaction with services. Unable to contact the guardian.
- Participant # 3 – The participant expressed satisfaction with services. No concerns during interviews were noted.
- Participant #4 – Mother was interviewed and was pleased with the services provided by Magic City, and felt Magic City has done a good job with both behavioral and medical issues.
- Participant # 5 – Surveyors were unable to conduct an interview.
- Participant #6 – The participant expressed satisfaction with staff, community outings, and services provided by MCE. Guardians expressed high satisfaction with their ISC, the services provided, and the staff who are working with their child.
- Participant #7 – Surveyors were unable to conduct an interview
- Participant # 8 – Surveyors were unable to conduct an interview

B. Incident Report follow-up findings

A critical incident for Participant #5 was reviewed onsite through observations, interviews, and file review. The direct care staff involved was identified by the provider as a possible agitation to the participant and correctly identified a trend. The provider appropriately reassigned this staff away from this participant and the occurrences of maladaptive behaviors have decreased. The transition to a semi-independent home also has helped this participant as well.

C. Complaint follow-up Findings (only give specific information if concerns are identified)

No specific complaints for the participants in the random sample were reviewed during the survey.

D. Health or Safety Concerns with participant

No health or safety concerns were noted with participants selected for the random sample review during the survey.

It is recommended that MCE submit a Quality Improvement Plan by December 17, 2007 for the following areas of non-compliance:

- The provider must follow the documentation standards in accordance with Wyoming Medicaid Rule Chapter 45, Section 27.
- The Residential Habilitation documentation for Participant #4 that was overbilled in the month of July will be referred to Medicaid for possible recovery.

III. REVIEW OF SERVICES

A. Residential habilitation services

1. Service observation

There were many service observations by residential staff that were caring and appropriate. Participants were either relaxing, cleaning, or working on supper. No activities appeared with any concerns. A significant concern was identified by Participant #9 visiting the Cleveland home and his residential male staff left him there. The staff at Cleveland stated this was a regular practice and confirmed they had not received participant specific training for his care. The provider thought this

was a community outing, however his plan of care indicates the staffing level required. The provider must ensure all participants have the appropriate staffing levels for all service settings, and if other staff are expected to cover that requirement, they must have the appropriate training.

2. Interviews with participants and staff

The majority of participants expressed high satisfaction with their residential settings, staff, and activities. Many described activities and hobbies they enjoy doing at the home. Other participants spoke of community employment they enjoy. Participants that were asked were able to articulate evacuation procedures in case of an emergency. Participant #10 expressed concerns about her bathroom and said she would prefer greater supports in her apartment rather than moving into a group home. Some roommates in the Wills home expressed dissatisfaction with another participant's behaviors and how they affect them. Participant #11 said he would prefer to move into the Treadway home. Participant #12 said she has conflict with a person in her home and would like to move away from that participant.

3. Walk-through of homes

The homes inspected were kept clean with personalized decorations. Many bedrooms were beautifully decorated to the tastes of each participant. The participants interviewed were very proud of their rooms and possessions. There were some concerns identified during the walk-through of homes:

- At the Ridge home chemicals, cleaners, and oxygen tanks were unsecured.
- At the Greenview apartment for Participant #10, there was bathroom drywall missing and kitchen tile was reported by the participant to be a trip hazard.
- At the Independence home the driveway damage was identified to be a tripping hazard.
- Two homes had evacuation concerns:
 - At the Trailways home due to the basement egress.
 - At the South 4th home with a deep basement window well.

Commendations:

- The provider is to be commended for the direct care staff that are caring and proactive in assisting participants in activities, hobbies, and independent sales of craft items.

Suggestions:

- It is suggested the provider secure the fence around the Cleveland home to ensure access to the property is free from wandering animals or persons.

It is recommended that MCE submit a Quality Improvement Plan by December 17, 2007 for the following areas of non-compliance:

- The provider must continue to ensure that the least restrictive environment is being implemented for participant's individual needs, choices, and safety while all restrictions being reflected in each participant's plan of care.
 - ☐ Some residential homes still have food restrictions that are not in plans of care.
 - ☐ There were identified door alarms and types of monitors in homes that were not in participant's plan of care.
- The documentation for RH for Participant #4 that was overbilled in the month of July will be referred to Medicaid for possible recovery (Chtr.45, Sect.27).

- The Cleveland home must ensure appropriate staffing levels and participant specific training for other RH visitors (Chtr.41-43, 45 Sect.26, and per each IPC).
- The provider had the identified concerns with the RH inspections that must be addressed (see bullet points above, III.A.3).

B. Day Habilitation and Employment Services

a. Service observation

Surveyors were able to observe and interview participants at various day habilitation sites. Surveyors observed many positive interactions between participants and staff. Participants interviewed expressed satisfaction with how they spend their day and the activities they participate in. Magic City promotes community based day habilitation, and this was obvious from observing many participants engaged in community activities. Surveyors were also able to observe Community Living's day Program, that allows participants to make choices based on their likes and preferences to participate in all community based day habilitation activities. Surveyors observed many stimulating and meaningful activities that participants seemed to enjoy. Participant daily schedules and objectives were reviewed, and it was noted many of the objectives were very general in nature versus teaching a specific skill, and lacked observable and measurable criteria for measuring success.

Surveyors were able to observe participants in a variety of employment settings in the community, and at the ECO Center. Magic City has a large number of employment settings in the Cheyenne area for participants, and it is obvious employment for participants is a priority for this agency. Observations included participants who were independent at their employment and required very little support from Magic City, observing a group of participants who received support from a job coach at their employment setting, and observing a participant engaged in work at the ECO Center.

Community employers interviewed expressed satisfaction with the services provided by the participants, and also expressed a high level of satisfaction with the support provided by Magic City concerning supported employment. Community employers interviewed value Magic City as an important employment resource in the Cheyenne community.

At the ECO Center, no documentation of supported employment services had occurred for a participant for services provided during the week of the survey. Also the service site did not have a current individual plan of care for the participant or a current medical face sheet. Staff interviewed reported while they had received some training regarding the participant, they had received no participant specific training for this participant.

During a community employment observation, a participant was observed not practicing safe universal precautions at the work site, which was noted as a concern. The director over community based employment confirmed that there is not a standard protocol for educating participants on work place safety, such as blood borne pathogens, universal precautions, etc. The provider needs to ensure that all participants are receiving adequate safety training prior to entering a job site.

- b. Random interviews with participants
Participants interviewed at the day habilitation sites and employment locations expressed a high degree of satisfaction with their day services and employment.
- c. Walk-through of day habilitation settings
The various day habilitation settings were clean and attractive. The day habilitation “Hub” is spacious and allows for a variety of individual activities and space. During the inspection of the “Hub” building, the janitorial closet with many cleaning supplies was not locked while participants were cleaning this building, and no job coach or staff was observed securing this closet during this time.
The ECO Center was noted to be spacious, organized, and staff and participants were observed to be safety conscious. Surveyors were able to review various safety training material provided to participants who are employed at this site. One area of concern noted during the DD inspection was that of an electrical outlet cover missing from an outlet in the women’s restroom.

Commendations:

- The provider is to be commended for their efforts in supporting participants to be as independent as possible at their employment. An example of this is the participant who is going to exit the Magic City supported employment program because of her level of independence at her employment.
- The provider is to be commended for their efforts in community based day habilitation.

It is recommended that MCE submit a Quality Improvement Plan by December 07, 2007 for the following areas of non-compliance that relate to health, safety, welfare or rights of participants:

- Chemicals and cleaners were unsecured for DH at the “HUB”. (CARF 1.E.)
- At the ECO Center, an electrical cover plate in the women’s restroom was missing. (CARF 1.E.)

It is recommended that MCE submit a Quality Improvement Plan by December 17, 2007 for the following areas of non-compliance:

- Supported employment and prevocational services are not adequately training participants on health and safety concerns, such as universal precautions and blood borne pathogens. (CARF 3.B.5.)
- The ECO Center staff are not documenting daily schedules with goal tracking (Chtr.41-43)
- THE ECO Center did not have current plans of care, current emergency information, and staff were not knowledgeable of client specific information. (Chtr.41-43 Sect.9, 45 Sect.26)

C. Other Services

In Home Support:

A. Service Observation:

In-home support was observed occurring at a participant’s home that he lives in with his parents. He receives in-home support services five days a week. It was observed that there is a picture system being used for tasks such as taking out trash, collection

of cans, making bed, and cooking. The parents are very satisfied with the services that are being provided to their son. No concerns were identified.

Respite Care:

A. Service Observation

The respite program was observed numerous times. Each time it was noted that the children were involved with activities that involved their goals. The interaction was genuine and appropriate. It appeared to be a calm environment and staff were noted to be patient. There was a lot of laughing and smiling interactions. No concerns were identified.

B. Interviews with participants:

The children were not interviewed. They did appear happy, comfortable in their surroundings, and very involved with the staff. No concerns were identified during family and guardian interviews.

Interviews with staff:

Three staff was interviewed. It was noted that staff were knowledgeable about the participants that they were caring for. One of the staff had only been there three months and was uncertain about a participants needs for example if the child has a behavior plan. Otherwise, there were no concerns identified.

C. Walk-through of service settings

The children's respite and training room had a nice design with age appropriate considerations for design and function. There were no health and safety concerns identified.

Occupational Therapy:

A. Observation of Services:

It was observed by survey staff three participants receiving services from an occupational therapist in a group session. All the participants enjoyed their time in the session and were successful in their goals. No concerns were identified.

B. Interview With Staff:

The occupational therapist explained the activities she does with the participants and the skills that they are working on. She was able to explain the services that she provides and how working with them on their motor skill, group dynamics, and tactile issues. No concerns were identified.

C. Walk-through of service settings

The room was spacious and filled with a variety of activities to choose from. There were no health and safety concerns identified.

Nursing:

Magic City Enterprises employs four nurses for care of participants in their organization. The policies and procedures were reviewed and observations were done. There were also numerous interviews with nursing, direct care staff, ISC's, and families.

The nurses interviewed were able to report to the surveyor with consistency the processes for:

- Staff training regarding medication monitoring and the ongoing training of staff,

- Reporting of medication errors,
- Filling of the OPUS medication cassettes,
- The delivery of the medications to the home,
- Preparing of medications for participants for trips,
- Notification of family/guardian of medication changes,
- Responding to calls from direct care staff after hours.

During interviews with direct care staff it was noted that there were significant discrepancies in what was being reported by the nursing department and what was actually being practiced.

It was reported by direct care staff from three different houses that in the last two weeks there were occurrences where the nurse on call was paged and never responded. It was also reported that in reference to staff following protocols to call the on call nurse the nurse did not respond to the page or the nurse on call was not aware of the participants' protocols. It was then up to the direct care staff to follow through the protocols at the house. It was noted that on one house there were two different protocols being followed as the house staff did not have the most current protocol that the nurses were following. Two nurses reported having binders that they set up with current protocols for themselves. It was also reported that there is a binder that contains the participants' current medications in it that is to be with them when they are on call.

Medication errors are being tracked but not in a manner that will be able to identify trends. Tracking of medication errors was initiated last year. The current form reflects how many medication errors occurred on each shift for each house. The nursing supervisor was not able to verbalize how the errors were categorized or how trends were to be identified.

The organizational policy for blood sugars states that direct care staff will report "irregular or concerning blood sugars" to nursing. On interview with direct care staff it was reported that if it is not in the IPC to have a participant check their blood sugar when concerns arise then it can't be done. When a nurse was asked about what direct care staff was to do if they thought that someone was having high or low blood sugars, it was stated that direct care staff have First Aid and CPR so they should be able to know what to do.

Nursing attends most appointments with participants to assist with communication between the participant and the medical professional or for positioning needs. The appointments attended by nursing include medical, eye, foot, psych, and ear. These appointments are attended even if family or direct care staff is present. Prior to the appointment an internal "appointment form" is filled out by the nurse with the reason for the appointment written on the top of the form. This form is used when any participant is seen by a medical professional and taken with them to all appointments. On the bottom of the form there is a place to mark if the family/guardian is notified of medication changes. During review of six files it is noted that it is not being marked on a consistent basis when there were medication changes. During interview with two family members/guardians it was reported that

they were not informed of medication changes that they felt were significant to their respective participant. It was stated by a nurse during interview that if a medication is ordered by a medical professional, it would not be started until the family/guardian approved the use of the medication. This included emergency medication such as diuretics, antibiotics, insulin, etc.

On review of documentation of Skilled Nursing it was noted that it is not identifying that services being delivered are a one-to-one or that the services are billable under the Medicaid Rules. During review of two participants' files it was noted that documentation reflects nutritional teaching done during a picnic, talking with a participant in front of her house because she was upset, and billing for the entire time a participant was in the emergency room. This documentation will be submitted to Medicaid for a possible recovery of funds.

The participation in the IPC's of nursing for participants that are receiving Skilled Nursing has improved but continues to be inconsistent per interviews with four ISC's. It is reported that there is no consistent way that information is being communicated between the two service areas. Some ISC's take forms to the primary nurse, some e-mail, and others via the phone. Obtaining information from the nurses is difficult as they are gone much of the day at appointments per the nurses and the ISC's and then effects how timely the information is received prior to the actual meeting. Nursing reports that their participation in the actual IPC meeting is a problem due to the frequent changes in the IPC meeting dates and the number of appointments that they attend. It is reported that the IPC schedule is available per the e-mail system and updated as changes are made. Only the dates of the actual meetings are changed. The primary nurse is responsible for getting this information to the appropriate ISC in a timely manner, as is required for all Waiver providers.

Commendations:

- The respite program is working collaboratively with other organizations in the community by sharing space and in turn being able to access the other organizations equipment. Also, there are fundraising activities that are being done to raise money for a playground that is increasing the community awareness of the needs of the child with developmental disabilities.

Suggestions:

- It is suggested the provider review the need for nursing to attend all appointments.
- It is suggested the provider review the way in which medication errors are being tracked.
- It is suggested the provider develop and implement a comprehensive and detailed procedure for the management of client blood sugars.
- It is suggested the provider develop and implement a method of communication for Nursing department to timely report changes in participant medical status to staff and guardians.
- It is suggested the provider revisit their Nursing "on-call" policy to ensure it meets the medical needs of their participant community.

It is recommended that MCE submit a Quality Improvement Plan by December 21, 2007 for the following compliance issues:

- Assurance that all Skilled Nursing services being billed are in accordance to Medicaid rules and regulations. Copies of Skilled Nursing documentation found not to be accordance with Medicaid rules and regulations will be sent to Medicaid for a possible recovery. [Chapter 45, Section 19]
- Assurance of adequate participation of the Nursing staff within the IPC process for all clients receiving Skilled Nursing services. [Chapter 41-43, Section 9]

D. Case Management Services

- a. Review of monthly/quarterly notes, including identifying and following up on concerns
There was some strengths in many of the case manager's monthly and quarterly notes. There was present the documentation of regular monitoring of services, follow-up required, and the required home visits. However, the ISC's monitoring and tracking was lacking in regards to goal/objective progress. Many ISC's did not have documentation of tracking of follow-up after health and safety concerns or incident reports.
- b. Review of team meeting minutes
There were no concerns identified that case managers are appropriately conducting annual and six month team meetings. However, there was some inconsistencies in the strength of ISC's documentation of coordinating all services and follow-up for participants. The focused concern is the historical pattern of the poor coordination between ISC and nursing departments. This aspect of the provider's plan of care meeting preparation must improve.
- c. Interviews
The participants interviewed expressed satisfaction of their case manager. Two of four ISC's were able to strongly articulate the service requirements, duties, and core competencies for the position. Two case managers struggled to articulate clearly the functions and duties expected of them to work within the Waiver. Magic City is encouraged to continue to improve on the best business practices for case managers and to evaluate avenues for improvement.

It is recommended that MCE submit a Quality Improvement Plan by December 17, 2007 for the following areas of non-compliance:

- The provider consistently lacks goals or objectives that are measurable, meaningful, and are able to be tracked daily by direct care staff. There is also not a provider wide and comprehensive ability to review for a goals' success and completion. The provider will continue to work with the Waiver Specialists for improved outcomes and measurability. (Chapters 41-43, services requiring a universal objective, and Chapter 45, Sect.27)
- ISC's are not consistently reviewing with documentation incident reporting, behavior plan success, other identified concerns needing follow-up, and objective completion and success on a monthly basis in accordance with the Division's guidelines and standards for ISC monthly, quarterly reviews and the ISC rule, Chtr.1.

Lead Surveyor _____ Date _____